



Media Services Division
Montgomery County Police

Media 1141
05/05

PRESS PASS APPLICATION

Applicant's Full Name: _____

Home Address: _____

Date of Birth: _____ Phone # (Work) _____

Email: _____ (Home) _____

News Media Agency Name: _____

Position with Agency: _____

Agency Address: _____

The applicant named above is a bona fide news gathering representative of this organization. The applicant's duties may require access within police lines, when permitted, in Montgomery County, Maryland.

Date:

Authorizing Executive
News Media Agency

I, the undersigned applicant, agree to assume all risks incidental to the use of the privileges conferred by the press pass; to comply promptly with any reasonable direction by any police officer; and to conduct myself in such a manner so as not to interfere with the police mission at hand. I understand the Chief of Police may revoke the press pass for violation of department procedures.

Date

Signature of Applicant

The applicant named above has been determined to be a bona fide news gathering representative, and as such is entitled to the privilege of a press pass.

Director, Media Services Division

Unit SOP Reference: Annex 2.5
CALEA: 54.1.3

Questions regarding the issuance or use of press passes should be directed to the Media Services Division at 240-773-5030.